

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/536435

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3						
4		/				
5						
6		/				
7						
8		/				
9						
10		/				
11						
12		/				
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42		/				
43						
44		/				
45						
46	/					
47		/				
48			/			
49			/			
50	/					
TOTAL IND.			↓		↓	↓
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			/			
52			/			
53			/			
54			/			
55			/			
56			/			
57			/			
58			/			
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60			/			
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91			/			
92			/			
93			/			
94			/			
95			/			
96			/			
97			/			
98			/			
99			/			
100			/			
TOTAL IND.			5		↓	
TOTAL DEP.		↔	55		↔	
TOTAL CLAIMS			60		↔	